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Patient Satisfaction with Sutures Used in Knee Arthroscopy Portal Closure: Randomized Control Trial

Adeeb Hanna Rowan University

John Sonnier Rowan University

Carlo Coladonato Rowan University

Henson Destine Rowan University

Sean Wilson Rowan University

See next page for additional authors

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Author(s) Adeeb Hanna, John Sonnier, Carlo Coladonato, Henson Destine, Sean Wilson, Michael Ciccotti, Fotios Tjoumakaris, and Kevin Freedman



Patient Satisfaction with Sutures Used in Knee Arthroscopy Portal Closure: Randomized Control Trial



Adeeb J. Hanna, BS^{1,2}; John H. Sonnier, MS¹; Carlo Coladonato, MS¹; Henson Destine, BS¹; Sean Wilson, MD¹; Michael G. Ciccotti, MD¹; Fotios P. Tjoumakaris, MD¹; Kevin B. Freedman, MD¹;

1. Department of Orthopaedic Surgery, Rothman Institute, Philadelphia, Pennsylvania, USA. 2. Rowan-Virtua School of Osteopathic Medicine, Stratford, New Jersey, USA.

INTRODUCTION

Both absorbable and non-absorbable sutures are routinely used for closure of arthroscopic portal incisions.

Current literature assessing patient satisfaction using either suture type in knee arthroscopic portal closure is limited.

The purpose of this study is to evaluate patient outcomes and satisfaction following wound closure with absorbable (Monocryl) versus non-absorbable (Nylon) sutures during knee arthroscopy.

MATERIALS & METHODS

Patients over 18 years undergoing primary knee arthroscopy were identified during procedure scheduling.

Exclusion criteria included revision procedures, concomitant ligament reconstruction or meniscal repair surgery.

Enrolled patients were randomly assigned to undergo closure with either 3-0 Monocryl or 3-0 Nylon sutures.

Postoperative evaluation was performed at 2-, 6- and 12-weeks and included a Visual Analogue Cosmesis scale, a 10-point visual analogue scale (VAS) for pain, patient scar assessment, and customized questionnaire assessing scar satisfaction.

FIGURES and TABLES					
	Absorbable (N=145)	Non-absorbable (N=129)	P Value		
Age	51.8 (12.1)	48.7 (14.2)	0.054		
Sex:			0.539		
Male	87 (60.0%)	83 (64.3%)			
Female	58 (40.0%)	46 (35.7%)			
Smoking Status:			0.308		
Current	5 (3.45%)	8 (6.20%)			
Former	28 (19.3%)	19 (14.7%)			
No	110 (75.9%)	102 (79.1%)			
Other Forms	2 (1.38%)	0 (0.00%)			
Table 1. Patient demographics. Mean (SD), No (%)					

nrolled	351		
in	261		
tion	261		
is	254		
in	237		
tion	236		
is	229		
in	216		
tion	213		
is	210		
Table 2. Number of patient responses at each			
	onses		

		X	DAZI
	Absorbable	Non-absorbable	P Value
	Week 2 (n=261)		
Satisfaction with Incision (n=261)	9.19 (1.58)	9.01 (1.61)	0.375
Skin Discoloration (n=254)	2.41 (1.80)	3.00 (2.33)	0.026*
	Week 6 (n=236)		
Satisfaction with Incision (n=236)	8.44 (2.49)	9.12 (1.85)	0.019*
Skin Discoloration (n=229)	2.98 (2.45)	3.74 (2.82)	0.032*
	Week 12 (n=213)		
Satisfaction with Incision (n=213)	8.54 (2.50)	9.13 (1.76)	0.048*
Skin Discoloration (n=210)	3.06 (2.53)	3.10 (2.44)	0.923
Table 3. Rating of overall satisfaction from 1 (1	not satisfied) to 10 (extreme	ly satisfied), Mean (SD). F	Rating of skin
discoloration from 1 (no difference from surrou	inding skin) to 10 (very diff	erent from surrounding ski	in) Mean (SD)

RESULTS

The non-absorbable suture group reported higher overall satisfaction ratings at week 6 follow-up (9.12 \pm 1.85 vs. 8.44 \pm 2.49, P=.019) and week 12 follow-up (9.13 \pm 1.76 vs. 8.54 \pm 2.50, P=.048)

There was no difference in pain, swelling, itching, numbness, incisional pain, or burning at any time point.

Patients in the non-absorbable group observed more skin discoloration at 2-week (3.00 \pm 2.33 vs. 2.41 \pm 1.80, P=.026) and 6-week (3.74 \pm 2.82 vs. 2.98 \pm 2.45, P=.032) follow-up with no significant difference at 12 weeks.

DISCUSSION

Despite reporting worse skin discoloration at early follow up, patients receiving non-absorbable sutures reported higher overall satisfaction than patients receiving absorbable sutures.

Given that there was no difference in pain, swelling, itching, numbness, incisional pain, or burning, it is possible that non-queried variables such as time spent with patients (possibly increased in the non-absorbable group due to the time spent removing sutures) or frustration with the delayed resorption of absorbable sutures led to this difference.

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